

Pre-Clinic Activities

Establish the purpose and goal(s) of your COVID-19 vaccination clinic, including target population, whether it is open to the public or only for targeted groups, numbers to be served, and vaccine(s) to be offered. Once the purpose is established, identify mission-essential staffing and resources appropriate for the clinic location and size.

Supplies and Materials

During COVID-19 vaccination clinics, protection must be available for staff and patients. [Supplies](#) required include:

- Alcohol-based hand sanitizer with at least 60% alcohol and hand soap
- Cleaning supplies for more frequent cleanings, using [EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#)
- [Face coverings](#) for patients who arrive without one
- [Personal protective equipment \(PPE\)](#) for staff, including face masks, gloves, and eye protection, based on [current guidance for the safe delivery of vaccination services](#)
- Thermometers for checking patients' temperatures before they [enter the clinic](#), if required
- Tissues

Note that quantities of supplies and materials required may be more than was needed prior to the pandemic.

Secure sufficient supplies to meet the needs of staff and the highest anticipated number of patients.

[Supplies](#) should include:

- Alcohol-based hand sanitizer with at least 60% alcohol
- Screening and documentation forms and [vaccine information statements](#) (VIS) or [emergency use authorization](#) (EUA) fact sheets
- Vaccines and diluents (if needed)
- Prep pads
- Sterile alcohol wipes (individually packaged)
- Syringes
- Sharps containers that are closable, puncture-resistant, and leakproof
- Emergency medical kit with epinephrine with signed medical orders
- First aid kit for staff and volunteer use
- Table covers (disposable) that can be changed if soiled
- Tables and chairs for vaccination stations
- Computers and/or tablets, if using for registration and/or review of vaccination history and documentation of vaccination (if occurring on site), printers (if needed), and 2D barcode readers (if using)
- Internet access or hotspots
- Outlet strips (multi-plug) and extension cords
- Office supplies, including pens, printer paper, etc.
- Wastebaskets

For a more detailed, supply checklist, see the [Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist](#).

Training

Staff training is critical. Ensure all staff is trained to answer common questions about the vaccine. During COVID-19 mass vaccination clinics, all staff should be trained on when to use PPE, what PPE is necessary, how to properly don (put on) and doff (take off) PPE, and how to properly dispose of PPE.

Ensure clinical staff is trained in:

- Cardiopulmonary resuscitation (CPR) and basic life support (BLS)
 - Infection control practices
 - How and where to document vaccines administered
 - Vaccine storage, handling, preparation, and administration for the vaccine(s) being offered, using manufacturer instructions for the vaccine and Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) guidance found in:
 - CDC's [Vaccine Storage and Handling Toolkit](#)
 - CDC's [Vaccine Administration Recommendations and Guidelines](#)
- Training should include an observation component. Validate staff knowledge of and skills in vaccine administration with a [skills checklist](#).

Cross-train staff, if possible, to enable flexibility in meeting needs at various clinic stations as demand fluctuates.

A plan for medical management of an adverse event, including anaphylaxis, should also be in place and clinical staff should understand their roles in implementing the plan. See the following resources for additional information:

- [Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination](#)
- [Rapid Overview: Emergency Management of Anaphylaxis in Adults](#)
- [Medications and Supplies for Assessing and Managing Anaphylaxis](#)

Vaccine Storage and Handling

Ensure plans are in place for maintaining vaccine at appropriate temperatures in storage and throughout the clinic day based on [vaccine storage and handling guidance](#).

A contingency plan should also be in place in case vaccines are delayed or compromised and need to be replaced.

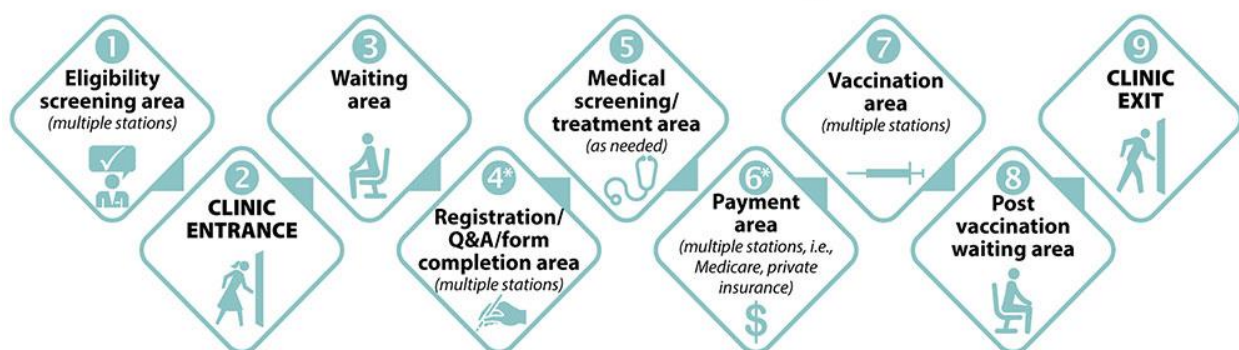
Vaccination Clinic Layout

During COVID-19 vaccination clinics, physical distancing practices must be integrated into clinic flow and setup, including:

- A screening station at the entrance for temperature checks (if required) and any screening questions for COVID-19.
- Vaccination stations should be at least 6 feet apart, and clinic flow should be one way and allow maintenance of 6 feet between individuals whenever possible, including in all waiting areas.
- Signage, banners, and floor markers to instruct patients to remain 6 feet apart from other patients and clinic staff and to move clinic flow in one direction.

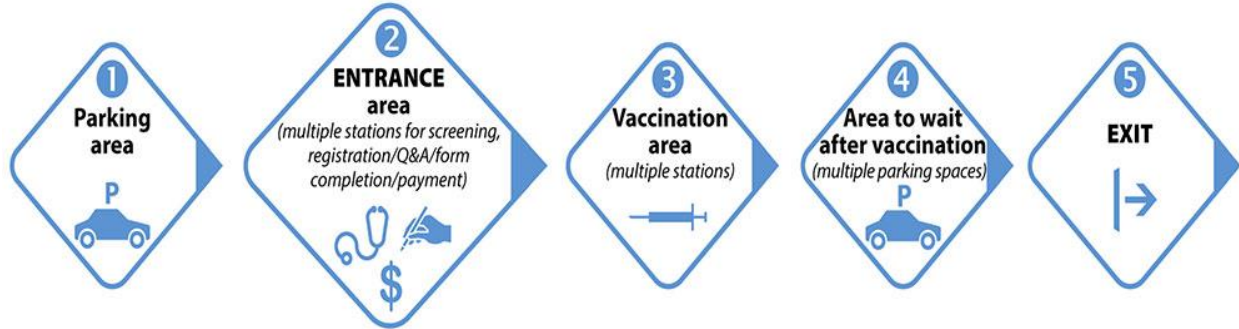
- Hard plastic barriers at patient contact areas, as appropriate, to provide barrier protection, and consider desks and counters at registration and screening areas to minimize contact.
- [Visual alerts](#) such as signs and posters at entrances and in strategic places to provide instructions on hand hygiene, respiratory hygiene, and cough etiquette.
- Signage or staff to ask patients waiting to be seen to remain outside (e.g., stay in their vehicles, if applicable) until they are called in for their appointment or set up triage booths to screen patients safely to help reduce crowding in waiting areas. Provide adequate covered space, taking weather into consideration, for those asked to wait outside.
- Design the clinic flow so it moves in one direction, with separate entrance and exit areas.
- Designate an area for vaccine preparation. Vaccines should not be prepared at individual vaccination stations. See [Medication Preparation Questions](#) and the [Vaccine Administration Resource Library](#) for additional guidance.
- Designate areas for patients with disabilities or limited mobility.
- Provide adequate and appropriately spaced seating (6 feet apart) for patients in waiting areas and a table and seating for both the patient and vaccinator at each vaccination station for walk-through clinics.
- Provide dividers between stations and at least one privacy screen in case patients need to remove clothing to bare their arms for vaccination at walk-through clinics.
- Provide a private area where clients who experience acute adverse events after vaccination or who have medical problems can be evaluated and treated.
- Provide a protected area for staff to leave personal items and take breaks.
- Provide a separate administrative work area for on-site documentation of vaccination in the Immunization Information System (IIS) or electronic health record (EHR), if applicable. If not done on site, plans must be in place for how vaccinations will be documented after the clinic.
- Use rope or cones, tape, and signs in multiple languages, as needed, outside the clinic entrance area and inside the clinic to show routes for patients to follow from station to station.

Indoor or outdoor walk-through clinics



**These activities can also be combined with activities, for example, they might be part of activity 1 or 3*

Curbside or drive-through clinics



Clinic Promotion and Communication

To promote your clinic:

- Be clear about who the clinic is for—those who have an appointment, those who have been prescreened, healthcare workers, high-risk populations, etc. Use signage at the clinic to provide this information, including how to make an appointment or where to get vaccinated if someone doesn't meet the clinic criteria.
- Provide instructions on how to set up appointments if prescheduling will be used.
- Scale your promotion to the amount of vaccine that will be available.
- Use multilingual and multimedia channels to widely post clinic purpose, dates, locations, times, and population that will be served.

Be prepared to:

- Communicate other options if scheduling is unable to meet demands (e.g., direct patients to other facilities, if possible).
- Use electronic communication, as appropriate, to share clinic information such as asking patients to download screening forms or review the vaccine information statement ([VIS](#)) or emergency use authorization ([EUA](#)) fact sheets before coming to the clinic.

Electronic Testing

- Test connections and operability of any computers, tablets, printers, and 2D barcode readers.

Clinic Security

- Consider using a uniformed security guard to assist in managing crowds.
- Designate a space or system to secure vaccine and protect clinic staff and their valuables.

During the Clinic Activities

Vaccine Storage and Handling

Monitor and document vaccine temperatures as required throughout the day.

The CDC's [Vaccine Storage and Handling Toolkit](#) provides guidance on safe and effective vaccine management practices for all health care providers.

During the clinic, ensure physical distancing and enhanced infection control measures are in place and implemented. Measures include:

- Cleanse and disinfect vaccination stations at a minimum every hour, between shifts and if station areas become visibly soiled. Incorporate other [CDC/EPA guidance](#) as appropriate for your clinic circumstances.
- Ensure all patients and accompanying attendants wear a cloth face covering or face mask that covers the nose and mouth. If a patient or attendant is not wearing a cloth face covering, ensure face coverings or face masks are available. (Note: Face coverings should not be placed on a child under 2 years of age, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.)
- Ensure staff is wearing appropriate [PPE](#).
- Ensure supplies such as tissues, hand sanitizer, and wastebaskets are readily accessible throughout the clinic.
- [If gloves are worn by those administering vaccine](#), they should be changed, and hand hygiene should be performed between patients.
- Make sure there are signs, barriers, and floor markers throughout the clinic to instruct patients to maintain 6 feet of distance from others and promote use of hand hygiene, respiratory hygiene, and cough etiquette.

Provide extra cleaning and sanitizing support. Frequently clean and disinfect all patient service counters and patient contact areas, including frequently touched objects and surfaces such as workstations, keyboards, telephones, and doorknobs.

During the clinic, ensure:

- Staff is wearing identification cards or other identification (vests, shirts, etc.), as appropriate.
- Clinic updates and wait times are being communicated.

Vaccination Process

During the vaccination process, ensure the following actions are occurring:

- Screening for eligibility, if vaccination is limited to certain populations
- Screening for contraindications and precautions
- Distribution of VIS or EUA fact sheets prior to vaccine administration
- Signed consent, based on state or local requirements (there is no federal requirement for signed consent)
- Vaccine preparation
 - Vaccine is prepared in a designated area.
 - The cold chain is maintained until time for administration.

- Staff is safely handling and disposing of needles and syringes.
- No more than 1 multidose vial or number as indicated by the manufacturer's package insert is drawn up at one time by each vaccinator.
- Patient flow is being monitored to avoid drawing up unnecessary doses.
- [Hand hygiene](#) is being performed before vaccine preparation, between patients, and any time hands become soiled. If gloves are worn, they should be changed and hand hygiene should be performed between patients.
- Vaccinators are following manufacturer instructions and federal vaccine administration guidance related to dose, site, and route (see the CDC's [Epidemiology and Prevention of Vaccine-Preventable Diseases](#) and [Vaccine Administration Resource Library](#)).
- Each vaccination is being documented and patients are receiving documentation for their personal records, including information about scheduling a second vaccination appointment, if needed.
- Patients are observed after vaccination:
 - Walk-through clinics: Patients should be observed in a waiting area for 15 minutes after vaccination for syncope (fainting) or other adverse events. Persons with a history of an [immediate allergic reaction](#) of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause should be observed for 30 minutes.
 - Curbside or drive-through clinics: Drivers should be directed to a waiting area for 15 minutes and checked before they leave. This is critical at a drive-through immunization clinic because of the potential for injury when the vaccinated person is driving a car.

End of Clinic Workday

Ensure that:

- All remaining vaccine in syringes is discarded according to protocol.
- Any remaining viable vaccine is appropriately stored and handled to protect the cold chain.

Post-Clinic Activities

Vaccine Administration Reporting: Adhere to all requirements outlined in the CDC COVID-19 Vaccination Program Provider Agreement including documenting all doses administered in VAMS within 24 hours of administration. Please visit <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html> for additional information.

Inventory Tracking: Report supply information daily to VaccineFinder using the online "COVID Locating Health" Provider Portal per your organization's guidelines. Organizations determine whether they will report daily on-hand inventory on behalf of all their provider locations (e.g., a clinic headquarters office reporting on behalf of satellite clinics), or whether individual provider locations are responsible for reporting this information. For additional information, please visit <https://vaccinefinder.org/covid-provider-resources>.

All patient medical information must be placed in a secure location for privacy protection.

Any suspected adverse events should be reported to the [Vaccine Adverse Event Reporting System](#) (VAERS).

Develop an after-action report (AAR) or evaluation to capture lessons learned from the clinic and make recommendations for improvements. The health department may have a template you can use. The Homeland Security Exercise and Evaluation Program has a standard format for development of an [AAR](#).

